Healthcare Workgroup Resource Toolkit

June 1, 2012

SHAPINGNJ

The State Partnership for Nutrition, Physical Activity and Obesity Prevention

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Office of Nutrition and Fitness
(609) 292- 2209

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Introduction

The purpose of this toolkit is to provide resources and documents that are helpful in changing environments to enable mothers to exclusively breastfeed their babies beginning with community support, supporting breastfeeding in maternity hospitals through adopting the World Health Organizations/UNICEF's "Ten Steps to Successful Breastfeeding", and supporting mothers when they return home and go back to work.

The ***ShapingNJ*** Healthcare Workgroup members have been active participants in laying the groundwork for the NJ Baby-Friendly Hospital Initiative, supporting the project and continuing to sustain efforts to support exclusive breastfeeding in maternity hospitals, ambulatory practices, worksites, faith-based communities and other community support organizations for mothers and families.

This Healthcare Workgroup Resource Toolkit is set up to be a logical progression of resources, documents, and website links found to be helpful in understanding changes needed to support women to exclusively breastfeed and provide strategies to make environment and policy changes.

In the interest of space and time, website links have been provided in lieu of actual documents to provide a more user-friendly, yet comprehensive collection of material. Full length documents are inserted only when website links are unavailable. We hope that you find this toolkit a valuable reference to support exclusive breastfeeding.

Healthcare Workgroup Update

Breastfeeding protects against childhood obesity as well as having many other health benefits for the baby and mother. Mothers who breastfeed find it easier to return to a healthier postpartum weight. The Healthcare Workgroup is pleased to present this resource toolkit guide as an introduction to resources and tools that have been helpful in our journey to help mothers exclusively breastfeed through proven policies and practices. Please note that this work is in progress and represents the best of our collective knowledge as of June 2012.

The two goals of the Healthcare Workgroup are to:

- Encourage delivery sites to adopt the World Health Organization/UNICEF's "Ten Steps to Successful Breastfeeding" and the Joint Commission's Perinatal Care Core Measure Set, which requires participating hospitals to report their rates of exclusive breastfeeding.

- Provide support in primary care and community settings-- before and after women give birth—to encourage exclusive breastfeeding.

The NJ Baby Friendly Hospital Initiative (NJ BFHI) began with a summit in October 2010 for all NJ maternity hospitals to learn about the New Jersey Department of Health's grant to help support maternity hospitals to increase exclusive breastfeeding rates. Through CDC stimulus funding, the department funded ten hospitals to receive training and technical assistance with the expertise of the American Academy of Pediatrics/NJ PCORE and the leadership of medical champion Dr. Lori-Feldman Winter. This work is described in the NJ BFHI Section of this toolkit.

The NJ BFHI journey this been supported by members of the healthcare workgroup throughout the 18 month project including project design, grantee selection, evaluation, and sustaining efforts beyond the funding period. Workgroup members as well as many of their colleagues have supported this project because of their commitment to helping mothers provide the best nutrition for their babies as well as learning to get the support they need to sustain breastfeeding. Without the support of doulas, lactation consultants, spouses, grandparents, friends, faith based community, and health practitioners, exclusive breastfeeding, cannot successfully be sustained. Mothers that want to breastfeed need to learn how to create environments that support them so that they are able to nurse their babies without stress. This should be an intimate and nurturing experience. Our goal is to create environments that encourage and support this.

Community Support

As stated in *The Surgeon General's Call to Action to Support Breastfeeding,*

"*A mother's ability to begin and to continue breastfeeding can be influenced by a host of community factors. The communities where we live, work, and play: urban, rural, neighborhoods, and apartment buildings are where we feel most comfortable. Mothers can learn about breastfeeding in prenatal classes and by discussing their interest in breastfeeding with a variety of people. In addition, women can turn to other mothers in their community, whether they are family, friends, or women they have met through mother-to-mother support groups, as well as women who are knowledgeable and have previous experience with breastfeeding.*

Community-based groups should include family members such as fathers and grandmothers in education and support programs for breastfeeding. Community-based support groups such as La Leche League and programs such as the U.S. Department of Agriculture's WIC program can expand the support that women ideally have received in the hospital and help extend the duration of breastfeeding."

New Jersey Resources

These are some resources in New Jersey that help support breastfeeding. The entire document is included for all references that do not have a website link.

- Educating Practices in their Communities Breastfeeding Education, Support, and Training (EPIC BEST)

  EPIC BEST is an office based quality improvement training program conducted for pediatric, family and OB providers and their staff to empower them to initiate sustainable change for their patients and families around best breastfeeding practices. These free 1 ½ hour sessions, conducted by a training team comprised of a physician and a local WIC representative and facilitated by AAP NJ/PCORE, aim to build partnerships with community based organizations and state and local agencies. EPIC BEST is a program for training practitioners and office staff to support breastfeeding provided by AAP-NJPCORE. A curriculum is provided with contact information.

NJ Baby-Friendly™ Hospital Initiative: EPIC-BEST

Educating Practices In their Communities - Breastfeeding Education, Training and Support

EPIC BEST is an office based quality improvement training program conducted for pediatric, family and OB providers and their staff to empower them to initiate sustainable change for their patients and families around best breastfeeding practices. These free 1 ½ hour sessions, conducted by a training team comprised of a physician and a local WIC representative and facilitated by AAP NJ/PCORE, aim to build partnerships with community based organizations and state and local agencies. At the end of this office based training, staff will be able to:

- ✓Follow the AAP recommendations on human milk
- ✓Define the link between breastfeeding and obesity prevention
- ✓Practice care coordination to support exclusive breastfeeding
- ✓Recognize the role of a medical home in breastfeeding support & care
- ✓Create an office breastfeeding team

Curriculum Overview

I. Background
   a. Training Objectives
   b. National Obesity trends & statistics
   c. NJ statistics
   d. Link between Obesity & Low Breastfeeding Rates

II. Role of Health Care Providers to care for infant-mother dyad
   a. Challenges to breastfeeding in family/social context
   b. How to support women who want to breastfeed
   c. Formula companies and marketing
   d. Billing & Reimbursement

III. Breastfeeding Clinical Information
   a. Proper latching
   b. Successful breastfeeding tips
   c. Exceptions to breastfeeding
   d. Anticipatory Guidance
   e. Common Issues & Strategies to address concerns
   f. Medications & Breastfeeding

IV. Sustained Efforts & Community Resources
   a. Returning to work or school
   b. Lactation Consultants
   c. Community resources
   d. La Leche League/WIC

For more information, please visit our website: **www.aapnj.org** or contact Fran Gallagher, MEd, Executive Director, AAP NJ/PCORE: fgallagher@aapnj.org or Harriet Lazarus, MBA, PCORE, Program Director: hlazarus@aapnj.org

American Academy of Pediatrics, NJ Chapter (AAP NJ) & NJ Pediatric Council on Research & Education (PCORE); 3836 Quakerbridge Road, Ste 108, Hamilton, NJ 08619; phone: (609) 588-9988; fax: (609) 588-9901

New Jersey Resources *continued*

- NJ Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  http://www.nj.gov/health/fhs/wic/index.shtml

  WIC provides supplemental nutritious foods to pregnant, breastfeeding and postpartum women, infants and children up to the age of five. Services include nutrition education and counseling, breastfeeding promotion and support, immunization screening and health care referrals. Eligible mothers receive support including classes, breast pumps and other aids, a telephone warm line to answer breastfeeding questions and concerns, support and information for working mothers or mothers attending school, referrals to community support groups and a breastfeeding food package that includes more food for breastfeeding women whose babies do not use WIC formula.

- NJ Maternity and Child Health Consortia
  http://www.nj.gov/health/fhs/professional/mchfact.shtml

  The consortia are private non-profit organizations, licensed and regulated by the NJ Department of Health and Senior Services as central service facilities. They include, as members, perinatal and pediatric providers, hospitals, consumers, and community-based agencies, including any group or individual with an interest in health services for families. The consortia's primary functions are to provide prevention activities, consumer and professional education, total quality management, data analysis, infant and pediatric follow-up, coordination of perinatal/pediatric transport systems and the development of comprehensive perinatal/pediatric regional plans.

- La Leche League in New Jersey
  http://www.lalecheleaguenj.org/

  La Leche League is an international non-profit, non-sectarian organization dedicated to providing education, information, support, and encouragement to women who want to breastfeed. Monthly meetings are held throughout the state of New Jersey to discuss breastfeeding and related parenting topics. Leaders are experienced mothers who are accredited by La Leche League International to help mothers and mothers-to-be with all aspects of breastfeeding. They are available at all times to take mothers' phone calls.

- NJ Parent Link Breastfeeding Support Organizations
  http://njparentlink.nj.gov/njparentlink/health/breastfeeding/

  NJ Parent Link is a statewide website initiative with a goal to improve the accessibility, coordination and delivery of information and services to parents of young children, and to improve communication capabilities for ongoing service collaborations and policy development. We are attaching the breastfeeding support section.

National Resources

The following are national resources to support breastfeeding.

- The Surgeon General's Call to Action to Support Breastfeeding
  http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html

  In the United States, most mothers want – and try – to breastfeed. Unfortunately, one mother's interest alone is not always enough to make breastfeeding possible. Rates of breastfeeding in the United States vary widely because of the multiple and complex barriers mothers face when starting and continuing to breastfeed. With this Call to Action, the Surgeon General seeks to make it possible for every mother who wishes to breastfeed to be able to do so by shifting how we as a nation think and talk about breastfeeding.

- The Joint Commission's breastfeeding education campaign is part of the award winning Speak Up program urging people to take an active role in their own health care. Included here is a poster on the Speak Up campaign as well as an English and Spanish brochure.
  http://www.jointcommission.org/assets/1/6/Breastfeeding_Poster_final_7_18_11.pdf
  http://www.jointcommission.org/assets/1/18/Breastfeeding_final_7_19_11.pdf
  http://www.jointcommission.org/assets/1/6/Breastfeeding_Spanish_final_7_19_11.pdf

- The CDC Vital Signs August 2011 *Hospital Support for Breastfeeding* discusses the protective factor breastfeeding has in preventing obesity and what can be done to help hospitals support mothers to breastfeed.
  http://www.cdc.gov/vitalsigns/BreastFeeding/

- The CDC's *Morbidity and Mortality Weekly Report Aug 2, 2011* discusses findings that most US hospitals have policies and practices that do not conform to international recommendations for best practices in maternity care and interfere with mothers' abilities to breastfeed. This report examined data from the CDC's national survey of *maternity Practices in Infant Nutrition and Care (mPINC)* which measures the percent of U.S. hospitals with practices that are consistent with WHO/UNICEF Ten Steps to Successful Breastfeeding. The link below provides the New Jersey mPINC:
  Vital Signs Issue details: Morbidity and Mortality Weekly Report (MMWR)
  http://www.cdc.gov/breastfeeding/pdf/mPINC/states/mPINC_2007_New_Jersey.pdf

- United States Breastfeeding Committee Core Competencies in Breastfeeding
  http://www.usbreastfeeding.org/Portals/0/Publications/Core-Competencies-2010-rev.pdf

  The core competencies in breastfeeding care and services were developed to provide health professionals with a guideline and framework to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard health care delivery practices. The United States Breastfeeding Committee recommends that *all* health professionals possess the core competencies identified in this document in order to integrate breastfeeding care effectively and responsibly into current practice and thus provide effective and comprehensive services to mothers, children, and families.

National Resources *continued*

- The Department of Health and Human Services' HRSA "*The Business Case for Breastfeeding"* provides easy steps to support breastfeeding employees. http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/#employeesGuide

Getting Started: The Ten Steps to Successful Breastfeeding

This section is mainly resources from Baby-Friendly USA for guidance to become designated as a Baby-Friendly Hospital.
http://www.babyfriendlyusa.org/eng/index.html

- The list of the Ten Steps
  http://www.babyfriendlyusa.org/eng/10steps.html
- Ten Steps to Successful Breastfeeding Q and A
  http://www.babyfriendlyusa.org/eng/docs/Ten%20Steps%20Q%20and%20A_1_3_12.pdf
- The 4 D Pathway to Baby-Friendly Designation-this is a diagram of the full process to become designated as Baby-Friendly.
  http://www.babyfriendlyusa.org/eng/docs/The%204-D%20Designation%20Pathway.pdf
- The Baby-Friendly Logic Model
  http://www.babyfriendlyusa.org/eng/docs/Logic%20Model.pdf
- Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation
  http://www.babyfriendlyusa.org/eng/docs/2010_Guidelines_Criteria_Rev%2011_28_11.pdf
- Baby Friendly USA Facility Self-Appraisal Tool
  http://www.babyfriendlyusa.org/eng/docs/2011_Self%20Appraisal%20Tool.pdf
- Baby Friendly USA Facility Data Sheet is included in the Self-Appraisal Tool above.
- Overcoming Barriers to Implementing The Ten Steps to Successful Breastfeeding
  www.babyfriendlyusa.org/eng/docs/BFUSAreport_complete.pdf

New Jersey Baby-Friendly Hospital Initiative

After reviewing resources in both New Jersey and nationally that support breastfeeding, we are providing some references and documents from the New Jersey Baby-Friendly Hospital Initiative project. Please note that this work is in progress and as we evaluate this project and collaborate with hospitals around the state and nation, a more comprehensive toolkit targeting maternity hospitals will be coming soon.

On the next pages, please find a letter from the American Academy of Pediatrics NJ PCORE about the NJ BFHI project, a document about Engaging Leadership to get hospital staff buy-in, and a handout of a power point presentation given on Tell the Truth about hospital self-assessment. Following this presentation, please find the New Jersey Facility Self-Appraisal Tool.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

PCORE
Pediatric Council on Research & Education
Foundation of the American Academy of Pediatrics / NJ Chapter

Message from the American Academy of Pediatrics, New Jersey Chapter,

NJ Baby Friendly Hospital Initiative (NJ BFHI)

Breastfeeding is one of the most important decisions a mother can make to give her child the best opportunity to live a healthy and productive life. Yet the decision to breastfeed must be met with optimal care, support, and in an environment that facilitates the initiation of an exclusively human milk diet. This environment has been described by the World Health Organization's (WHO) Ten Steps to Successful Breastfeeding and is best provided by institutions that are designated as Baby-Friendly hospitals. Baby-Friendly designation ensures compliance with the Ten Steps and implementation of the WHO International Code of Marketing of Breast-milk Substitutes (The Code). The BFHI ensures optimal care for all women delivering in the hospital, respecting individual feeding choices, and providing the best evidence-base practices.

In 2009, New Jersey was one of the states that had no delivery hospital designated Baby-Friendly, and had one of the highest rates of formula supplementation of breastfed newborns in the country. At the same time, New Jersey had become a leader in obesity prevention by adopting a statewide Obesity Prevention Plan, an endeavor of the state legislature, and creating the Office of Nutrition and Fitness (ONF). The ONF then developed a statewide partnership, ***ShapingNJ***, and began a 5-year project to implement the strategies set forth in the Obesity Prevention Plan. One of the key strategies for obesity prevention included maternity care support for the initiation of *exclusive* breastfeeding, recognizing the connection between exclusive breastfeeding and protection from obesity. With additional funding from CDC a statewide coalition was developed to shepherd 10 hospitals through the process of becoming Baby-Friendly with the goal of having at least 2 designated hospitals by the end of the 18-month project period. This project was called the NJ Baby Friendly Hospital Initiative (NJ BFHI). The successes of this coalition were immeasurable and unexpected. Teams from hospitals worked with project consultants to implement changes using a quality improvement model to achieve Baby Friendly designation. By the end of the project period, one hospital became designated, two more had assessments, and the remaining 7 were well into Development or Dissemination Phases of the new 4-D pathway for BFHI.

This toolkit is a product of the work, the ideas, and the innovative strategies developed during the NJ BFHI. We hope all NJ hospitals, and many around the nation, will use this toolkit as a roadmap for change as they embark on their own journeys to become a Baby Friendly hospital. The work is hard and ongoing. Quality Improvement is a continuous process, ever evolving. So too is this toolkit, and it will be continuously tweaked for improvement. While the work is hard, and changing a health system is complex, the rewards are great. As a result of the NJ BFHI, exclusive breastfeeding is on the rise;

thousands of maternal-child health care professionals are newly trained and skillful; facilities are family-centered and providing optimal evidence-based care. Breastfeeding may be a natural process, but we are acutely aware of the need for support to make it work. The BFHI is a necessary step in supporting mothers and families to reach their breastfeeding goals while respecting individual family choice for feeding plans.

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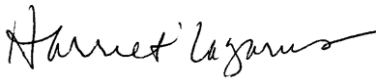


Harriet Lazarus, MBA
Program Director, NJ BFHI, AAP NJ/PCORE

Engaging Leadership:

Bottom up Approach

1. Collaborate with nurse managers and knowledgeable physicians within your hospital.
2. Develop a fact sheet about your hospital's specific data points: number of deliveries; overall and exclusive breastfeeding rate, formula supplementation rate (compare these rates to statewide data and Healthy People 2020 goals), mPINC scores compared with state and nation, if you have PRAMS data present the evidence that 6 steps tracked by PRAMS influence breastfeeding 8 weeks after delivery (your state department of health will have these data), if available assemble patient satisfaction scores around breastfeeding related care or provide testimonial about a mother's experience.
3. Schedule a meeting with CEO and present information
4. Align this goal with other hospital initiatives such as Magnet, TJC accreditation, medical school mission (if an academic medical center), hospital's strategic plan.
5. Explain the role of leadership in this collaborative
6. Utilize existing QI personnel to help communicate how this initiative will work

Top down

1. Engage statewide hospital association to encourage hospitals to apply and participate
2. Engage AAP and ACOG chapters to raise awareness among leadership in these organizations and encourage chief and chairs to be part of the process
3. Encourage state and local Departments of Health to engage hospital leaders
4. If the state has an active perinatal collaborative present this initiative and why hospital leadership must be engaged
5. Raise awareness in the community so that community leaders serving on hospital BOD's will prioritize this initiative

What NICHQ has been doing:

1. Working with AAP national to raise awareness among members of the SOBr and Chapter Breastfeeding Coordinators
2. Communicating with ABM to engage physician leaders in breastfeeding to encourage hospital participation
3. Collaborating with hospital CEO's that have participated in the BFHI and the Expert Meeting to serve as role models for leadership engagement

Tell the Truth
How to Do a Self Assessment

Anne Merewood PhD, MPH, IBCLC
Director, The Breastfeeding Center
Boston Medical Center

Congratulations!

- Well done for wanting to do this
- Well done for getting the grant
- Now to the work….
- ……..where do we start?

What is the truth?

- *The great enemy of the truth is very often not the lie -- deliberate, contrived, and dishonest -- but the myth.* JFK
- *Truth: An ingenious compound of desirability and appearance* (Ambrose Bierce)
- *Tell the truth, then run….*

How to get to the truth?

"Truth, when not sought after, rarely comes to light"
(Oliver Wendell Holmes)

What is *really* going on…..?

A few examples from nameless hospitals

Hospital A

- NB: This hospital is now Baby-Friendly!
- Pre site "visit" by "pretend examiner" (me)
- NICU neonatologist MD: "All our babies are breastfeeding."
  - No milk in the freezer. None at ALL. Hmmm
  - Let's look at the electronic medical records
  - B is for Bottle, Breast and Both

"Hit B"

- Amazing…all babies are "Breast and Bottle feeding"….
- Comment…..well, that's what all our mothers do, right?

Hospital B

- Formula sample packs eliminated
- Follow up surveys to mothers (if you really, really want to know, ask the mother)
- Post removal –
  - No difference in breastfeeding rates ☹
  - Wait a minute…..30% of women in week 1 still telling us they got their formula from the hospital bag?
  - Glad we asked…..

Hospital C

- Baby-Friendly "inspection"
- Some disconnect between questions asked and moms
- "Was your baby delivered skin to skin?"
- Moms had no idea
- Most did not speak English either…..
- (Passed…..nice moms)

Self exams and excuses

- "I have never put a baby to breast in L&D, it never occurred to me"
- "I gave out those samples all my career!"
- BMC – 6% exclusivity; Lincoln – 2% exclusivity
- "Our moms are too poor, leave them alone"
- "the babies will starve…."

More positive stories

- Cultural competence session with nurses and peer counselors
- Lots of face to face. Cambodian women told nurses they were not allowed hot water postpartum in case they scalded the baby
- Result: A Cambodian menu and dramatic increase in exclusivity

Barriers to the right thing

Systems:

- All babies to nursery every shift change, 1 computer in nursery
- Secretary admits all babies, waits outside room so gets home on time
- Transport Man
- Formula reps

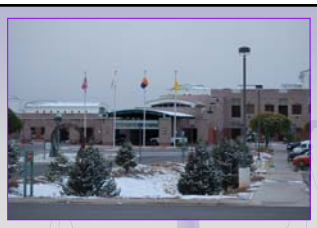
Please be patient

- Nursing staff in particular have little autonomy; hospitals function via compliance with strict safety rules and practice guidelines
- It is hardly surprising that changing the rules scares and annoys people

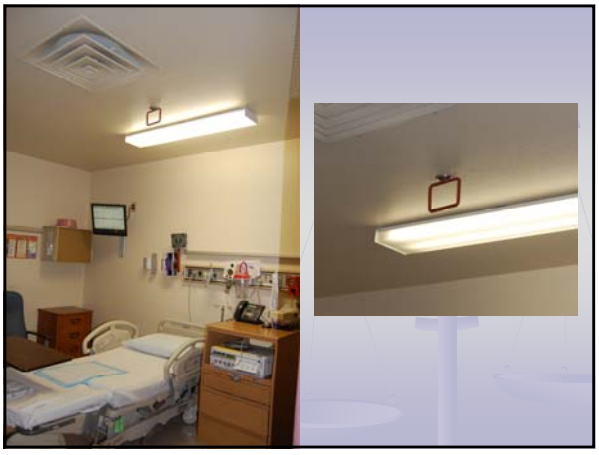
It's not easy!

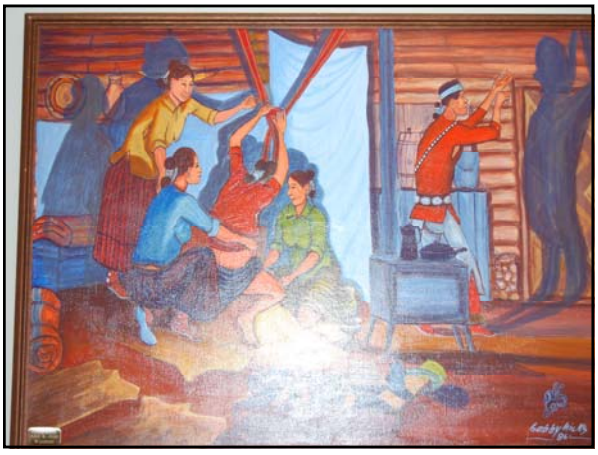
- You may laugh. But…your hospital? Old timers, personalities, support staff…
- All that said…..some hospitals are a lot closer than they think
- Baby-Friendly NOT unreachable
- Secret: BF hospitals still struggle. Every single day. New aides, residents, formula reps….

Hospital closer than they believed…



- Pay for formula; no bags, no pacifiers
- Skin-to-skin deliveries, midwives, major referral system
- Pediatrician took baby to nursery for exam…





So how do you find out what you're really doing?

"Above all else to
thine own self be true……."
(Polonius/Hamlet)

The self assessment tool

- Required by Baby-Friendly USA as part of the process
- Most valuable use is for you, the hospital
- Please go home and complete it…here's an introduction

For your use

- We have removed a lot of the demographic requirements from BF USA because you already gave those to us
- We focus on figuring out for yourselves what is really going on

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff

- Does the health facility have an explicit written policy for protecting, promoting, and supporting breastfeeding **that addresses all Ten Steps** in maternity services? Y/N
- Does the policy protect breastfeeding by **prohibiting all promotion of and group instruction for using breast milk substitutes**, feeding bottles and nipples? Y/N

Step 1; Yes/no questions

Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it? Y/N

Is the breastfeeding policy posted or displayed in all areas of the health facility that serve mothers, infants, and/or children? Y/N

Is there a mechanism for evaluating the effectiveness of the policy? Y/N

STEP 2. Train all health care staff in skills necessary to implement this policy

2.1 Staff are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding.

To what extent has your hospital implemented this?

We've mastered that
With significant exceptions: _____
Only haphazardly
That has not been a priority

Step 2 multi choice answers

2.2 Staff caring for women and infants are oriented to the breastfeeding policy of the hospital on their arrival. To what extent has your hospital implemented this?

We've mastered that
With significant exceptions:_____
Only haphazardly
That has not been a priority

Step 2 multi choice answers

2.3 Staff that care for women and infants are trained on breastfeeding and lactation management within six months of hiring.

To what extent has your hospital implemented this?

We've mastered that
With significant exceptions:_____
Only haphazardly
That has not been a priority

Step 2 multi choice answers

2.4 Staff training covers at least eight of the ten steps.

To what extent has your hospital implemented this?

We've mastered that
With significant exceptions:_____
Only haphazardly
That has not been a priority

What do to with the answers?

- One master hard copy due from each hospital to PCORE (Attn: Shreya Durvasula) by 2/15.
- You have SAEs with the hard copy for this purpose

Critical questions often missed or misunderstood

- Audience participation
- Hospitals that have tackled a large part of this process – please give us some feedback on things you have discovered about yourselves, dealt with, approached

10 minutes for the 10 Steps:

Ask 10 staff members
Ask 10 Moms

Questions to maternity RNs, MDs, aides

- **Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff**
- *Does your hospital have a breastfeeding policy?*
  - Yes; No; Don't know (Yes/correct)
- ***Where is** the breastfeeding policy?*
  - Know; Don't know (Know/correct)

Staff questions

- **Step 2: Train all health care staff in skills necessary to implement this policy**
- *About how many hours of breastfeeding specific training you have received?*
  - 0; 1-6; 7-12; 13-19; >20 (20 needed for Baby-Friendly)

Staff questions

- **Step 4: Help mothers initiate breastfeeding within an hour of birth**
- *When do you think clinical staff should first help the mother and baby to breastfeed*?
  - Within 1 hour of birth; 2-3 hours after birth; When admitted to postpartum; When they have a problem; Not sure (Within 1 hour/ correct)

Staff questions

- **Step 5: Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants**
- *If a mother is separated from her infant, how often should she pump her breasts?*
  - Every hour; Every 3 hours; 3-5 times/24 hours; 1-2 times/24 hours (Every 3 hours/Correct)

Staff questions

- *Do you know how to hand express breast milk?*
  - Yes; No (Yes/correct)
- *Would you be comfortable teaching hand expression to a new mother?*
  - Yes; No (Yes/correct)

Staff questions

- **Step 8: Encourage breastfeeding on demand**
- *To what extent do you agree with the following advice for a new mother: Babies should be fed about every 3 hours for 10 minutes on each breast.*
  - Disagree; Not sure; Agree (Disagree is correct)

Staff questions

- **Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic**
- *Did you give the mother any information on who to contact if she has a breastfeeding problem once she gets home?*
  - Yes; No (Yes is correct)

Mom questions…..

- Tavares et al: *Mothers' and clinicians' perspectives on breastfeeding counseling during routine preventive visits* (Pediatrics, 2004)
- What the doctors *thought* they were telling the patients was NOT what the patients heard

Tavares

- 429 low-risk racially diverse moms
- Mean age 33
- 74% breastfeeding
- Only 15% said they discussed breastfeeding with OB prenatally
- Only 24% said they discussed with pediatrician at 2-weeks

Tavares

- Among moms whose OB said they **usually/always** discuss breastfeeding prenatally, only 16% said it was discussed
- Among moms whose pediatrician said they **usually/always** discuss breastfeeding at 2-weeks, only 25% said it was discussed

Tavares

- 91% of OBs
  97% of pediatricians said **usually/always** discuss breastfeeding and working
- 55% of moms said it was discussed

Tavares: Conclusion

- "Mothers' reports….identified several areas in which unintentional communication gaps may occur, including specifics about breastfeeding duration and methods of breastfeeding after returning to work. Developing approaches to enhance communication with mothers….could improve the support of breastfeeding."

Mom questions

- **For Moms of healthy term infants**
- *Has any member of staff given you advice about breastfeeding since you and your baby came to the postpartum unit?*
  - Yes; No; Don't remember (Yes/correct)
- *Has any member of staff helped you to breastfeed since you and your baby came to the postpartum unit?*
  - Yes; No; (Yes/correct)

Mom questions

- *Did any health care staff discuss breastfeeding with you before your baby was born?*
  - Yes; No; Don't remember (Yes/correct)
- *(If YES): How many times was breastfeeding mentioned?*
  - Once; A couple of times; Frequently (Frequently/correct)

Mom questions

- *Did you receive any help breastfeeding your baby in the first hour after birth?*
  - Yes; No; Don't remember (Yes/correct)
- *Did your baby get formula from any of the hospital staff during your stay?* IF YES, Do *you know why the baby was given formula?*
  - Yes; No (Yes/correct; reason/medical)

Mom questions

- *Has your baby been separated from you for more than 2 hours since you were admitted to the hospital?* IF YES
- *Do you know why the baby was taken to the nursery?*
  - Yes; No (Yes/correct; reason/medical)

Mom questions

- *Did any member of the staff give your baby a pacifier since you entered the hospital?*
  - Yes; No; Don't know (No/correct)
- *Has any staff member given you any information about what to do when you go home?*
  - Yes; No; Don't remember (Yes/correct)

Mom questions

- **Questions to mothers of NICU infants**
- *Did any staff member show you how to operate a breast pump?*
  - Yes; No (Yes/correct)
- *Did any staff member teach you how to express milk by hand?*
  - Yes; No (Yes/correct)

In conclusion…..

- What you discover will take you where you want to go
- It's a long road. You are doing the right thing
- "Every truth passes through three stages before it is recognized. In the first it is ridiculed, in the second it is opposed, in the third it is regarded as self evident." Schopenhauer

First they laugh at you, then they fight you, then you win (Ghandi)

Bringing Baby-Friendly to NJ: Facility Self-Appraisal Tool

FACILITY DATA SHEET Date: _____

Facility Name: _____

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

1.1 Does the health facility have an explicit written policy for protecting, promoting, and supporting breastfeeding that addresses all Ten Steps to Successful Breastfeeding in maternity services?

□ Yes □ No

1.2 Does the policy protect breastfeeding by prohibiting all promotion of and group instruction for using breast milk substitutes, feeding bottles and nipples?

□ Yes □ No

1.3 Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it?

□ Yes □ No

1.4 Is the breastfeeding policy posted or displayed in all areas of the health facility that serve mothers, infants, and/or children?

□ Yes □ No

1.5 Is there a mechanism for evaluating the effectiveness of the policy?

□ Yes □ No

STEP 2. Train all health care staff in skills necessary to implement this policy.

2.1 Staff are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions: _____
□ Only haphazardly
□ That has not been a priority

2.2 Staff caring for women and infants are oriented to the breastfeeding policy of the hospital on their arrival.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____


□ Only haphazardly
□ That has not been a priority

2.3 Staff that care for women and infants are trained on breastfeeding and lactation management within six months of hiring.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

2.4 Staff training covers at least eight of the ten steps.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

2.5 Total hours of training on breastfeeding and lactation management that the staff receives:
□ 0-10 hours □11-19 hours □ 20 or more

2.5.1 How many of these hours are supervised clinical experience?
□ Less than 4 hours □ 4 or more hours

2.6 Has the health care facility arranged for specialized training in lactation management of specific staff members?
□ Yes □ No

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

3.1 Does the facility include a prenatal care clinic? □ Yes □ No
A prenatal inpatient unit? □ Yes □ No

3.2 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding?
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

3.3 Prenatal records document that breastfeeding has been discussed with the pregnant woman, including the benefits and management of breastfeeding.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

3.4 Is a mother's prenatal record available at the time of delivery? □ Yes □ No

3.5 Pregnant women are protected from oral or written promotion or group instruction for artificial feeding. □ Yes □ No

If Yes, to what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 4. Help mothers initiate breastfeeding within an hour of birth.

4.1 Mothers who have had normal, vaginal deliveries are given their babies to hold skin-to-skin within 30 minutes of delivery, and allowed to remain with them for at least an hour.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

4.2 Mothers are offered help by a staff member to initiate breastfeeding during this first hour.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

4.3 Mothers who have had cesarean deliveries are given their babies to hold, with skin contact, within a half hour after they are able to respond to their babies.
To what extent has your hospital implemented this?


□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

4.4 Babies born by cesarean stay with their mothers, with skin contact, at this time for 60 minutes.

To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

5.1 Mothers are offered further assistance with breastfeeding by nursing staff within six hours of delivery.

To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

5.2Breastfeeding mothers are able to demonstrate how to correctly position and attach their babies for breastfeeding.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

5.3 Breastfeeding mothers are shown how to express their milk or given information on expression and/or advised of where they can get help should they need it.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

5.4 Are staff members or counselors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in health care facilities and in preparation for discharge?

□ Yes □ No

5.5 Mothers who have never breastfed or who have had previous difficulty breastfeeding receive special attention and support from the staff of the health care facility.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

5.6 Mothers of babies in special care (NICU) are helped to establish and maintain lactation by frequent expression of milk.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

6.1 Staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding babies .
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

6.2 What percentage of breastfeeding babies receive no other food or drink (than breast milk) unless medically indicated?

□ ≤50% □ 51%-79% □ ≥80%

6.3 Are any breast milk substitutes, including special formulas, that are used in the facility purchased in the same way as any other foods or medicines?

□ Yes □ No

6.4 Does the health facility and staff refuse free or low-cost supplies of breast milk substitutes, paying close to retail market price for formula?

□ Yes □ No

6.5 Promotion of infant foods or drinks other than breast milk is absent from the facility.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.

7.1 Mother-infant pairs remain together (rooming-in) 24 hours a day, except for periods of up to an hour for hospital procedures or if separation is medically indicated.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

7.2 Rooming-in starts within an hour of a normal birth.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

7.3 Mother-infant pairs remain together beginning within one hour of normal vaginal birth.
To what extent has your hospital implemented this?
□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

7.4 Rooming-in starts within an hour of when a cesarean mother can respond to her baby.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

7.5 Mother-infant pairs delivered by cesarean remain together beginning within one hour of when the mother can respond to her baby.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 8. Encourage breastfeeding on demand.

8.1 By placing no restrictions on the frequency or length of breast feedings, staff show they are aware of the importance of breastfeeding on demand.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

8.2 Mothers are advised to breastfeed their babies whenever their babies are hungry and as often as their babies want to breastfeed.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

STEP 9. Give no artificial teats or pacifiers to breastfeeding infants.

9.1 Babies who have started to breastfeed are cared for without any bottle feedings.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____


□ Only haphazardly
□ That has not been a priority

9.2 Babies who have started to breastfeed are cared for without using pacifiers.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

9.3 Breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

9.4 By accepting no free or low-cost feeding bottles, nipples, or pacifiers, does the facility and its staff demonstrate that these should be avoided?

□ Yes □ No

STEP 10. Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility.

10.1 The facility gives education to key family members so that they can support the breastfeeding mother at home.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

10.2 Key family members are educated so that they can support the breastfeeding mother at home.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

10.3 Mothers are referred to breastfeeding support groups.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

10.4 Does the facility have a system of follow-up support for breastfeeding mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls?

□ Yes □ No

10.5 The facility encourages and facilitates the formation of mother-to-mother or health care worker-to-mother support groups.
To what extent has your hospital implemented this?

□ We've mastered that
□ With significant exceptions:_____
□ Only haphazardly
□ That has not been a priority

10.5 Does the facility allow breastfeeding counseling by trained mother-to-mother support group counselors in its maternity services?

□ Yes □ No

New Jersey Baby-Friendly Hospital Initiative *Continued*

- A Year of Change-is a power point on the NJ Pathway to Change for the project describing the process for the 10 grantee hospitals.
  http://www.aapnj.org/uploadfiles/documents/PCORE/P005.pdf

- The Baby Friendly Journey Handout-is a power point presented by Baby Friendly USA.
  http://www.californiabreastfeeding.org/The_4-D_Pathway_California_1_12__Compatibility_Mode_.pdf

- Model Infant Feeding Policy for Baby-Friendly Hospital Initiative
  One of the foundations of hospitals improving breastfeeding is starting with a hospital policy that supports the Ten Step program. This is the first step. We are including the Model Infant Feeding Policy for the Baby-Friendly Hospital Initiative as a template that hospitals can review and incorporate into their current policy.

Model Infant Feeding Policy for Baby-Friendly Hospital Initiative
Name of Hospital:

Policy & Procedure: Infant Feeding

Responsible for Development/update:
Breastfeeding Committee

Applicable Departments:
Mother/Baby, Pediatrics, Medical, Surgical

Applicable Professionals: MD/DO, APRN, PA, RN, RD, IBCLC

Responsible for Implementation:
Mother/Baby Unit Nurse Manager

Effective Date: **Replaces policy dated:**
Update frequency: annual

APPROVED BY:

Signature	**Signature**
Print name and Date	**Print name and Date**
Signature	**Signature**
Print name and Date	**Print name and Date**

Step 1

PURPOSE

To promote successful breastfeeding by ensuring that, in the absence of contraindications, all mothers who elect to breastfeed will have a successful and satisfying experience.
To ensure that care is congruent with the Ten Steps to Successful Breastfeeding as endorsed by the UNICEF/World Health Organization Baby Friendly Hospital Initiative.
To standardize information regarding care that affects infant feeding received by all staff through routinely communicating this policy to staff and making all practitioners and staff aware of its location and how to access it to optimize care.

POLICY

Step 2

1. This facility upholds the WHO International Code of Marketing of Breastmilk Substitutes by declining to accept or distribute free or subsidized supplies of breast milk substitutes, nipples and other feeding devices.

a. Employees of manufacturers or distributers of breastmilk substitutes, bottles, nipples, and pacifiers will have no direct contact or communication with pregnant women and mothers.
b. This facility does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers.
c. Pregnant women, mothers, and families will not be given marketing materials or samples or gift packs by the facility that consist of breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items.

2. The World Health Organization Ten Steps to Successful Breastfeeding, and policies to support non-breastfeeding mothers, will be posted in all locations where care is provided to mothers and young children in languages and with wording that staff and families can easily understand.
3. The manager of each applicable department will review the policy with all new employees within two week of hire.
4. All staff will receive training necessary to implement this policy within 6 months of hire.
    a. Training will include 20 hours of education, 5 of which will be under direct supervision of a supervisory staff member.
    b. Physicians and advanced practice nurses will receive a minimum of 3 hours of education and training
    c. Details of the training plan are included in Appendix 1: Hospital Specific "*BFHI Training Procedures*."
    d. The procedure for acceptance of staff training obtained prior to employment is described in the *BFHI Training Procedures.*
    e. Documentation of staff training will be maintained in each staff member's (physician's) employee portfolios. Academic physicians, advanced practice nurses and staff members will maintain records of faculty development related to breastfeeding and evidence of completion of 3 hours of required instruction in their teaching portfolios.
    f. Staff is aware of the safe storage and handling of human milk
    g. Training will include breastfeeding, provision of human milk, and feeding the infant who is not breastfed, as well as alternative methods of feeding if not breastfeeding.

Step 3

5. All pregnant women will be provided with information on breastfeeding and counseled on the benefits of breastfeeding, contraindications to breastfeeding, and management of breastfeeding. The facility will collaborate with prenatal care providers in the community to provide breastfeeding education and support.
    a. All mothers will receive information described in Appendix 2: Hospital Specific *"Procedure on Infant Feeding Education for Families."*
    b. The method of instruction and how this information is provided is described in the *Procedure on Infant Feeding Education for Families*

c. Pregnant women and families will receive no information that promotes use of human milk substitutes, including no information with industry logos or promotional materials.
d. Educational sessions that promote use of infant formula or other human milk substitutes will be replaced by sessions that promote breastfeeding or use of human milk.
e. Mothers will be informed of the risks of giving supplements to breastfeeding infants in the first 6 months.
f. If a mother chooses to formula feed or if she or her infant(s) has (have) a contraindication to breastfeeding or receipt of human milk she will be provided information about how to safely prepare and feed infant formula as described in the *Procedure on Infant Feeding Education for Families*.
g. Education is provided in a family centered manner.
h. Education provided will be documented in the mother's medical record.
i. Mothers will be taught safe handling and storage of human milk
j. Mother will be taught methods of milk expression including hand expression.

6. The method of feeding will be documented in the medical record of every mother and newborn.
7. Educational materials will not contain product names, images, or logos of infant formulas, foods, bottles, feeding devices and other related items.
8. For bottle/formula feeding mothers education will be provided on an individual basis, group educational sessions on bottle/formula feeding will be avoided.

Step 4

9. Mother-Newborn couples (dyads) will be:
    a. Offered skin to skin contact (SSC) immediately after birth unless medically unstable.
        i. All mother/infant dyads regardless of feeding preference are supported to have immediate SSC
        ii. Routine newborn procedures are postponed until after the first feed during the initial period of SSC
        iii. When a delay of SSC has occurred staff will ensure that mother and infant have SSC as soon as medically possible
        iv. Routine assessments are performed while SSC
        v. Procedure for SSC will be standardized:
            1. Infant dried and placed ventral-to-ventral on mothers chest
            2. cap placed on head
            3. doubled pre-warmed blankets over both
            4. may suction if necessary while in SSC
            5. assess and assign APGARS
            6. replace damp blankets as needed
            7. Dyads will be monitored while in SSC
            8. SSC begins immediately after birth and continues for at least 1 hour

b. Offered assistance to assess baby's readiness for feeding within one hour of birth.
c. Placed skin-to-skin contact which will continue, uninterrupted, until the baby completes the first feeding.
d. All mothers of cesarean section delivery should be given their babies to hold with skin-to-skin contact as soon as the mother is safely able to hold and respond to her baby.
e. Routine skin-to-skin contact should be the practice regardless of the mother's feeding intention.
f. Routine newborn procedures will be postponed until the first breastfeeding attempt occurs during the initial period of skin-to-skin contact.
g. Routine assessment procedures will be performed while the infant is ski-to-skin with the mother.
h. When a delay of initial skin-to-skin contact has occurred staff will ensure that mother and infant received skin-to-sin care as soon as medically possible.
i. Initiation of skin-to-skin care for infants being cared for in the special care nursery or NICU is addressed in Appendix 3: Hospital Specific *Skin-to-Skin Care for Special Care Neonates Protocol.*
j. Mother and baby will remain together throughout the entire stay. Frequent skin-to-skin contact will be encouraged.
k. Encouraged to exclusively breastfeed unless medically contraindicated
l. Educated and assisted with breastfeeding

Step 5

10. Mothers will be taught how to breastfeed and maintain lactation if they are separated from their newborns (See: **Procedure**- ***Step 5***).

Step 6

11. Formula will not be given to any breastfed infant unless specifically ordered for a medical indication or by the mother's informed and documented request.
    a. When a breastfeeding mother requests a human milk substitute the staff will explore the mother's reason for the request as well as any concerns she has. The staff will educate the mother regarding the negative consequences of feeding infants human milk substitutes and the counseling and education will be documented in the mother's chart.
    b. If there is a medical indication for use of supplements this will be documented in the chart.
    c. Acceptable reasons for formula use per the Joint Commissions Peri-natal Care Core Measures are:
        Maternal:
            -HIV infection
            -Human t-lymphotrophic virus type I or II
            -Substance abuse and/or alcohol abuse
            -Active, untreated tuberculosis

-Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
-Undergoing radiation therapy
-Active, untreated varicella
-Active herpes simplex virus with breast lesions

Infant:

-Galactosemia

d. If supplementation is provided staff will inform mothers of various methods to provide alternative feedings. Devices other than bottles and artificial nipples will be offered according to the best scientific evidence available.

12. Anti-lactation drugs will not be used
13. Nipples shields, nipple creams, ointments, or other topical preparations for mothers will be used only if clinically indicated and requested after a lactation consultation.

Step 7

14. All mothers and infants will room-in together, including at night.
15. Separation of mothers and infants will occur only if medically indicated and justification is documented in the chart.

Step 8

16. Mothers are taught to recognize their infant's feeding cues and feed on-demand.
17. No restrictions are placed on mothers regarding frequency or duration of breastfeeding.

Step 9

18. Pacifiers or artificial nipples will not be given by the staff to breastfeeding infants with the following exceptions:
    a. Pre-term infants in the NICU or infants with medical conditions that are benefitted by non-nutritive suckling
    b. Newborns undergoing painful procedures when breastfeeding to comfort the infants is not available. If a pacifier is used, it will be discarded following the procedure and will not return to the mother.
    c. If a mother requests a pacifier the staff will explore reasons for this request and address the mother's concerns and educate her on potential problems with pacifier use. This education will be documented. If a mother insists on using a pacifier, this will be provided by the family and not by the hospital.
    d. Infants who are receiving supplemental nutrition will be offered alternative feeding methods to avoid use of bottles and nipples if acceptable to mother and achievable according to staff.
    e. Mothers will be taught the rationale for avoidance of bottles and nipples according to the best scientific evidence available.

Step 10

19. All breastfeeding newborns will be scheduled to see a pediatrician or other knowledgeable healthcare professional at 3 to 5 days of age.
    a. For infants who are still not latching on or breastfeeding well at the time of discharge, the feeding/pumping/supplementation plan will be reviewed with the mother in addition to the routine breastfeeding instructions.
        i. A follow-up visit to the pediatrician or a home nurse visit should be scheduled within 24 hours of discharge. Depending on the clinical situation, it may be appropriate to delay the discharge of a newborn with feeding difficulties
20. If the institution decides to offer a gift at discharge, this gift will not contain industry-sponsored materials, logos, or supplies that related to infant feeding.
21. Mothers will not receive any infant formula, coupons, or logos of formula companies, or literature with formula company logos or materials produced by companies related to infant feeding.
22. Breastfeeding mothers will be referred to community breastfeeding resources and support groups.
    a. A list of resources will be printed and distributed to all breastfeeding families in their discharge information package. This list will be printed in the languages most frequently spoken/read by mothers delivering at this hospital.

EXCEPTIONS

Breastfeeding is contraindicated in the following situations:

1. HIV-if status is unknown a rapid HIV test will be available while the mother is in the delivery room, and the dyad is skin to skin but not breastfeeding until a result is available.
2. Mother is using illicit drugs (refer to *Illicit Drug Use and Breastfeeding Guideline* or *ABM clinical protocol#21*)
3. Mother is taking certain medications that cannot be substituted. Use of LactMed is recommended: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
4. Mother has active untreated tuberculosis
5. HTLV 1 and 2
6. Infant has classic form of Galactosemia

Step 5

PROCEDURE

Labor and Delivery Unit RN will:

1. Document the desired feeding method in the mothers' and infants' chart
2. Place the newborn skin to skin immediately following birth and encourage breastfeeding within the first hour when clinically stable and appropriate
3. Document breastfeeding assessment and teaching
4. Report feeding status upon transfer to mother/infant or NICU

5. For the mother who is separated from her sick or preterm newborn, the nurse will encourage the mother to express milk as soon as clinically able (within 6 hours after birth) using manual and mechanical method of milk expression.
6. Educate and assist mother with proper technique of pumping and proper cleaning of pump equipment.

Mother/Infant Unit RN will:

1. Document the desired feeding method for the newborn in the newborn's chart
2. Distribute the breastfeeding information packet upon admission
3. Encourage skin-to-skin and 24-hour rooming-in
    a. All infants regardless of feeding method will practice rooming in
    b. Mother-infant separation will be minimized and occur for medical procedures or indications
    c. All routine newborn procedures will be performed at the bedside
    d. Any interruption in rooming-in will be documented in the infant's chart including the reason for separation, time separation began and time the infant returned to the mother's room.
    e. When a mother requests that her infant be cared for in the nursery the staff should explore reasons for the request and should encourage and educate the mother about the advantages of having her infant(s) stay with her in the same room continuously throughout the delivery hospital period. This education should be documented in the mother's chart.
    f. If the mother insists that her infant be cared for in the nursery, the infant will be brought to the mother for feedings whenever the infant shows feeding cues, and interruption of rooming-in will be documented.
4. Teach manual breast massage techniques
5. Teach infant feeding cues, assess newborn's readiness to feed and assist with breastfeeding when the newborn cues and document
6. Assess and document breastfeeding using the assessment guide in this policy and LATCH scores done at least twice daily.
7. Eliminate bottles from bassinets and rooms
8. Assess breasts and nipples for any issues that would affect feeding and document findings
9. Encourage mother to attend breastfeeding class and/or view the educational video
10. Teach proper breastmilk storage using referenced materials on storage guidelines
11. Refer to a lactation consultant per referral guidelines

For unstable infants in the observation nursery, transitional nursery or NICU RN's staffing these units will:

1. Document the desired feeding method for the newborn in the newborn's chart
2. Encourage mother to pump as soon as clinically able (ideally within 6 hours after birth)
3. Encourage mother to pump every 2-3 hours during the day and at least 1-2 times during the night for 15-20 minutes or until the milk stops flowing. Mothers should be instructed not to pump for longer than 30 minutes

4. Educate and assist mother with proper cleaning of pumping kit as needed
5. Encourage manual expression to augment pumping success
6. Teach proper labeling and storage of breast milk for the sick newborn
7. Refer to lactation consultant
8. Assist in obtaining a double set up electric pump prior to discharge
9. Support the breastfeeding dyad using the guidelines developed for feeding in the special care unit

DOCUMENTATION FORMS

1. Popras form number 4A, and 6. (http://www.popras.com/images/Forms/4a.jpg); (http://www.popras.com/images/Forms/6.jpg)
2. Mother and infant critical pathways.
3. Popras form number 8a. (http://www.popras.com/images/Forms/8a.jpg)
4. Newborn flowsheet.
5. Patient educational record.
6. Mother's and infant's electronic medical records
7. Electronic birth certificate

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STANDARD DEFINITIONS FOR THE INFANT RESPONSE TO BREASTFEEDING

Breastfeeding should be baby led, not clock led. Not all babies nurse in the same manner.
Utilize these standard definitions in assessing infant's response to breastfeeding when documenting on the feeding section of the infant flow sheet. Documenting time does not necessarily predict how well the infant nursed. Assessment of the mother/infant couple who is breastfeeding will be complete by using these definitions and the Latch Score. The Lactation Consultant will see all breastfeeding families while in the hospital. Infants who consistently breastfeed poorly must have an additional consultation and be weighed daily.

NW – nursed well:
1. Good latch (score 8-10*)
2. Lips flanged and take in as much of the areola as possible
3. Nurse actively for sustained period on both breasts or Longer duration on one breast until satisfied
4. Audible swallowing (during Lactogenesis II or later)
5. Mother's breast softened after feeding**

NF – nursed fair:
1. Fair latch (score 5-7*)
2. Doesn't open mouth wide
3. Only nipple and small amount of areola are in mouth
4. Sleepy at breast
5. Nursing off and on with short periods of sustained suckling
6. Periodic swallow
7. Mother's breasts softened slightly after feeding**

NP – nursed poor:
1. Poor latch (score 0-4*)
2. Only nipple in mouth
3. Sleepy
4. Nursed briefly without sustained suckling
5. No audible swallows
6. Mothers breasts not softened at all after feeding**

For documentation purposes, the breastfeeding couple must demonstrate at least three criteria in any given category.

* Using "LATCH tool"-see Kumar et al. 2006

** Once lactogenesis II established

Links to Breastfeeding Resources

- ***ShapingNJ:*** www.ShapingNJ.gov
- **American Academy of Pediatrics, NJ Chapter: NJ Baby Friendly Hospital Initiative**
  http://www.aapnj.org/showcontent.aspx?MenuID=1389
- **The Surgeon General's Call to Action to Support Breastfeeding**
  http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html
- **Baby-Friendly USA**: http://www.babyfriendlyusa.org/
- **United States Breastfeeding Committee**
  http://www.usbreastfeeding.org/
- **The CDC Guide to Breastfeeding Interventions**
  http://www.cdc.gov/breastfeeding/resources/guide.htm
- **CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)**
  http://www.cdc.gov/breastfeeding/data/mpinc/index.htm
- **Joint Commission Campaign to Support Breastfeeding**
  http://www.jointcommission.org/joint_commission_campaign_helps_support_and_prepare_mothers_to_successfully_breastfeed/
- **The US Dept of Health & Human Services Office on Women's Health**
  The Business Case for Breastfeeding
  http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/
- **Supplemental Nutrition Program for Women, Infants & Children (WIC)**
  http://www.nj.gov/health/fhs/wic/index.shtml
- **NJ Maternity and Child Health Consortia**
  http://www.nj.gov/health/fhs/professional/mchfact.shtml
- **La Leche League in New Jersey:** http://www.lalecheleaguenj.org/
- **NJ Parent Link-Breastfeeding Support**
  http://njparentlink.nj.gov/njparentlink/health/breastfeeding/